

# Pandemic Flu:

## School Preparation Guide

*Spring 2007*



Montana Office of Public Instruction  
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[www.opi.mt.gov](http://www.opi.mt.gov)



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# Section II

## Overview

*People who have been exposed to a pandemic flu virus could infect others one or two days before symptoms develop and five days or more after becoming sick.*

## Section 1: Overview

### Influenza Viruses

Influenza, known as “flu” in the common vernacular, is a contagious viral illness that affects a person’s respiratory functions. The term “flu” is often used to describe a broad variety of symptoms. In the context of this monograph, flu symptoms include:

- Fever (usually high)
- Headache
- Extreme fatigue
- Dry cough
- Runny or stuffy nose
- Muscle aches
- Sore throat

In some cases, stomach symptoms, such as nausea, vomiting, and diarrhea, may occur. (Department of Health and Human Services (DPHHS) Web site <http://www.dphhs.mt.gov/index.shtml>)

Influenza viruses are considered communicable diseases and are spread through:

1. Respiratory droplets in coughs and sneezes that are propelled through the air as much as three feet; and
2. Touching respiratory droplets on another person or object (such as doorknobs, countertops, pens, toys, used tissues, etc.) and then touching your own mouth or nose before washing your hands.

Individual reactions to any influenza virus are highly variable. Some individuals remain unaffected or experience mild illnesses while others become severely ill and may experience life-threatening complications. Young children, the elderly, and persons with underlying medical conditions are more vulnerable to flu complications that can result in pneumonia, dehydration, and worsening of chronic medical conditions. As many as 200,000 Americans are hospitalized because of influenza each year, and as many as 36,000 die of the disease itself or complications associated with it. (CDC)

Seasonal flu is a regular occurrence in the winter months, with the peak occurring anywhere from December through March. Anti-viral vaccines are regularly developed to abate morbidity (illness) and mortality (death) from seasonal viruses. Seasonal flu activity is tracked by state and local epidemiologists and reported weekly through the Centers for Disease Control and Prevention (CDC).

Avian (or bird) flu refers to influenza viruses found in birds. Currently, a large number of birds are reportedly infected with a severe form of a virus known as Influenza A virus subtypes H5N1. Bird flu viruses do not usually infect humans. However, confirmed cases of human infection have been reported since 1997 with most cases resulting from direct contact with infected poultry (e.g., domesticated chickens, ducks and turkeys). The World Health Organization (WHO) coordinates the global response to human cases of H5N1 virus, and provides regular updates/alerts regarding H5N1 influenza in humans as well as possible mutations of the virus that could result in a pandemic.

Pandemic flu refers to a severe influenza outbreak that spreads across the world. Pandemic flu is characterized as a “new virus strain to which people have little natural immunity” and one which is easily spread from person to person. (CDC, 2006) During the 20<sup>th</sup> century, three influenza pandemics occurred in 1918, 1957 and 1968. The worst of these pandemics in 1918 resulted in the deaths of approximately 50 million people worldwide. (U.S. National Archives) Although it is unlikely that the H5N1 or mutated virus will originate in Montana or in the United States, it is important to adequately prepare for rapid global escalation of the disease should it occur.

## School Vulnerability

People who have been exposed to a pandemic flu virus could infect others one or two days *before symptoms develop* and five days or more after becoming sick. Schools are particularly vulnerable to the spread of viruses for several reasons:

- Children in preschool and school-age groups are frequently observed to amplify virus transmissions because they spend large periods of time in close proximity to one another.
- Children typically have fewer antibodies for warding off viruses.
- Young children have particularly poor hygiene habits.
- Prevention measures, such as hand-washing, properly covering one's cough, and isolation are extremely important to limit the spread of the disease but difficult to control in children.

### FAST FACTS

- **Approximately 1/5 of the U.S. population attends or works in schools. (U.S. Dept. of Education, 1999)**
- **Some viruses and bacteria can live for 20 minutes and up to two hours or more on surfaces such as cafeteria tables, doorknobs and desks. (Ansare, 1988; Scott and Bloomfield, 1989)**
- **Nearly 22 million school days are lost annually due to the common cold alone. (CDC, 1996).**
- **Addressing the spread of germs in schools is essential to the health of our youth, our schools and our nation.**
- **Students need to get plenty of sleep and physical activity, drink water, and eat good food to help them stay healthy in the winter and all year.**

Montana public school enrollment data indicate that **144,258 students** were enrolled for the 2006-07 school year—96,907 elementary students (pre-kindergarten through 8<sup>th</sup> grade) and 47,351 high school students (grades 8-12). Public school teachers account for an additional **184,681** school-based Montanans. (OPI, 2006) Therefore, public schools in Montana constitute the first line of defense against a pandemic influenza, accounting for more than 1/3 (34 percent) of the estimated Montana population for 2006.

## Pharmaceutical Interventions for Pandemic Flu

Pharmaceutical interventions for influenza include:

1. Vaccination—a way to trigger your immune system to prevent serious, life-threatening diseases. (Healthline)
2. Treatment of infected individuals and prophylaxis (preventive measures) for exposed individuals with influenza antiviral medication. Such medication kills viruses or suppresses their replication and, hence, inhibits their capability to multiply and reproduce. (Medicinenet.com)

It is highly unlikely that a well-matched pandemic strain vaccine will be available when a pandemic begins. Therefore, we must be prepared to face the first wave of the next pandemic without vaccine and potentially without sufficient quantities of influenza antiviral medications. In addition, it is not known if current influenza antiviral medications will be effective against a future pandemic strain. Decisions about how to protect the public before an effective vaccine is available need to be based on scientific data, ethical considerations, consideration of the public's perspective of the protective measures, and their impact on society and common sense. (The National Academies Press, 2006)

## Non-pharmaceutical Interventions

Non-pharmaceutical interventions (NRIs) are strategies that, if instituted in a timely fashion, may delay or reduce the impact of a pandemic until a vaccine is available. Recommended interventions include the following:

1. Isolation or physical separation and confinement of individuals or groups **who are infected** with a

communicable disease to prevent or reduce transmission of the disease to others. Isolation can occur in the home or health care setting, depending on the severity of an individual's illness and/or the current capacity of the health care infrastructure.

2. Quarantine or physical separation and confinement of individual or **groups who are not sick but may have been exposed** to a communicable disease to prevent or reduce transmission of the disease to others.
3. Social distancing of children and youth to protect them from catching and transmitting the disease. This could be accomplished through:
  - a) Dismissal of students from school and school-based activities;
  - b) Closure of child care programs; and
  - c) Reducing out-of-school social contacts and community mixing.
4. Social distancing of adults through such measures as:
  - a) Cancellation of large public gatherings;
  - b) Altering school environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services; and
  - c) Allowing school personnel to work from their homes whenever possible.

All of the above community-based strategies should be used in combination with individual infection control measures, such as hand washing and cough etiquette. See **Appendix A** for simple prevention tips as well as school-related posters on hand washing and cough etiquette.

### **Protecting the Public's Health in the Event of Pandemic Flu**

In Montana, local boards of health are charged with protecting the public from the introduction and spread of communicable disease *in collaboration with* federal, state and local partners. To carry out that charge, local boards have the authority to establish and maintain quarantine and isolation measures as well as canceling events or closing buildings or facilities where people congregate. (MCA 50-2-116, 2007)

Each board designates a Lead Local Public Health Official as the liaison between the board and the broader community. See **Appendix B** for a statewide listing of County/Tribal Public Health Officials.

### **Economic Impacts of a Pandemic Flu**

In the event of a pandemic flu, it is predicted that the disease would spread quickly and would dramatically impact local, national and global economies. The absentee rate for *all* businesses is projected to be at least 25 percent of the workforce as workers become ill, stay home to care for children or other family members, or refuse risking infection by going to work. Fear-based stockpiling could quickly deplete available supplies and broken supply chains could result in shortages of food and other necessary items. Hospital surge capacity could quickly become overwhelmed resulting in the emergency retrofitting of other facilities (such as school gymnasiums, conference centers, etc.) to handle the overflow.

At the present time, many American families are in financially precarious positions. The household debt-to-income levels in the United States are at record highs while savings-to-income levels are at record lows. (BMO Financial Group). Consequently, many households do not have the funds to stockpile for emergencies or weather the financial strain of prolonged absence from work.

Fear of catastrophes can paralyze individuals, families and communities. People often respond to fearful possibilities by denying that such an event could even happen. The *appropriate* response includes planning, preparation and collaboration so that the adverse impact of pandemic flu or any other catastrophe can be significantly lessened.



# Section II:

## Preparing the School Community

*Some viruses and bacteria can live for 20 minutes and up to two hours or more on surfaces such as cafeteria tables, doorknobs and desks.*

## Section II: Preparing the School Community

*“When it comes to preparing our school community ... there are three key steps to take: One, talk to your local health officials and work together to develop a plan. Then secondly, train your teachers and administrators to implement the plan. And finally, teach students and parents so they understand what to do in the event of a pandemic.”*

*Margaret Spellings  
U.S. Secretary of Education  
March 2006*

### Talk to Your Local Public Health Official

Contact information for local and tribal public health officials is found in **Appendix B**. If you have not already established a relationship with your local public health official, please write, e-mail, or telephone the contact person in your area and determine how you can work together.

### Develop a Plan

Pandemic flu is an extreme situation warranting equally extreme preparations and responses. To protect children and youth as well as the adults who care and work with them from the disease, school closures may be necessary for a prolonged period of time (up to 12 weeks). Any school closure must take into consideration the dramatic impacts on children, parents, school personnel and the entire community. Considering the large land mass of Montana, regional school closures rather than statewide school closures *may* be a realistic way to close schools in high-risk areas.

Any school closure related to pandemic influenza must be:

1. Based on the epidemiology or scientific study of the situation (including objective data such as the short incubation period for the disease, escalating rates of the disease in nearby states or in Canada, and local rates of absenteeism from school or work). School nurses will play a key role in assisting state and local epidemiologists to accomplish the critical task of surveillance and data accumulation. In turn, the state epidemiologist has the responsibility of keeping local and state authorities apprised of outbreaks and escalations of the disease.
2. Closely coordinated with other local and state agencies
  - Local level coordination includes the county superintendent of schools, school district administrator(s), school board members, local/tribal health officials and representatives of the appropriate collective bargaining unit.
  - State coordination involves the Montana Office of Public Instruction, the Montana Department of Public Health and Human Services and the Governor's Office.
3. Authorized by the person/agency that has statutory authority to close facilities as a means of mitigating a serious threat to the public's health.
  - The local/tribal board of health has the authority to close a school or schools within the jurisdiction to prevent the spread of a communicable disease.
  - The governor has extensive emergency powers that include authority over public and private

institutions and statewide closure of schools if deemed appropriate. In exercising these emergency powers, the governor relies on the advice of qualified professionals from several disciplines. Ultimately, the epidemiology of the situation will be the key factor influencing the policy decision to close or re-open schools.

Two appendices provide **federal guidance** for elementary and secondary schools in developing a school pandemic flu plan:

**Appendix C: Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools** provides federal guidance for school plans based on a Pandemic Severity Index developed by the World Health Organization.

**Appendix D: School District (K-12) Pandemic Influenza Planning Checklist** provides action steps for developing a plan.

The U.S. Department of Education has developed **Basic Components of Pandemic Planning**. To view the guide online, go to: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/basic.pdf>

### **Train Teachers and Administrators to Implement the Plan**

Planning and preparation for any emergency helps to mitigate worst possible scenarios. However, planning is not enough. Those responsible for carrying out the plan must be clear about their specific duties and routinely practice those duties in simulated drills and exercises.

Teacher and administrator training must cover all aspects of the plan to assure that the plan will be executed in the event of a real emergency. For example:

- Are staff members and students trained in preventative measures such as respiratory etiquette and universal precautions?
- Have teachers tested pandemic flu informational letters, brochures, or other written material with parents, school board members, or parent-teacher organizations?
- Are nurses and staff trained to recognize flu symptoms?
- Are staff members aware of the procedure for school closure and their specific roles in such an event?
- Are teachers clear about their roles and responsibilities while schools are closed (such as developing and implementing distance-learning modules for students)?

These questions and many more are covered in information gathered by the U.S. Department of Education on state and local pandemic planning efforts. After examining plans and information from local educational agencies across the country, a panel of experts in the field of emergency management identified the following as examples of strong planning efforts or useful resources:

- The Broward County Public Schools in Florida uses a planning framework that employs the phases being used by the World Health Organization.
- Contra Costa County Health Services in California provides sample communications to parents and families in the event of a pandemic, as well as flow charts for actions and models for disease surveillance.
- The Orange County Department of Education in Costa Mesa, California plan provides sample communications to parents and families.

- The Seattle Public Schools in Washington plan provides examples of a plan for a local educational agency.

For additional information on the plans listed above, go to: <http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/sampleplans/index.html>

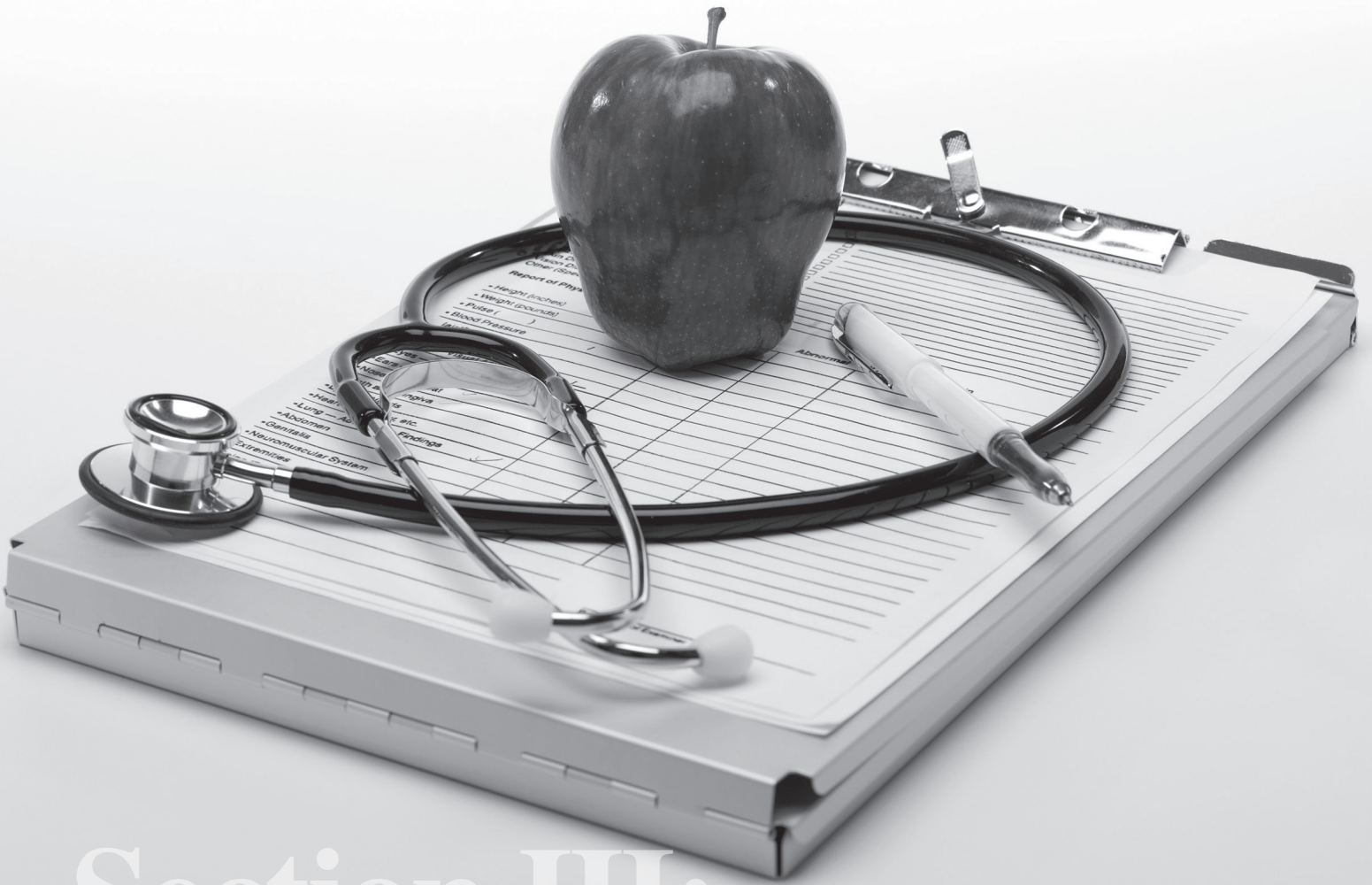
### **Teach Students and Parents What to Do in the Event of a Pandemic**

Hand and respiratory hygiene are among the most effective and least costly prevention measures for any communicable disease. It is extremely important to inform and teach students and their parents/families to adopt these measures and build habits of routine practice.

In addition, families must be informed and prepared for extreme situations that would accompany pandemic flu, such as closure of schools and child care centers as well as the economic instability that would accompany a pandemic.

**Appendix A** provides basic hygiene information and lists a number of Web sites where posters can be downloaded, printed and distributed to families.

**Appendix E** provides federal and organizational resources to inform families about the possibility of pandemic flu and how to adequately prepare for such an event. These Web sites are updated frequently, so be sure to check them periodically for the latest information.



# Section III:

## School Policies / Procedures Related to Pandemic

*National and international health authorities stress the importance of hand washing as well as respiratory hygiene/ cough etiquette in the event of a pandemic flu.*

## **Section III: School Policies / Procedures Related to a Pandemic**

### **Health and Hygiene**

National and international health authorities stress the importance of hand washing as well as respiratory hygiene/cough etiquette in the event of a pandemic flu. School policies and procedures to address this topic would include the following:

- Encourage all school staff, students, parents and visitors to practice hand and respiratory hygiene through verbal and written information and training. (HHS/CDC)
- Assure that ample supplies of soap and/or alcohol-based hand hygiene products as well as receptacles for their disposal are readily available in all areas of the school. (HHS/CDC)
- Host school-based clinics for flu shots and encourage staff, families, and students to take advantage of the opportunity.
- Develop curricula to teach students, parents/caregivers, faculty and staff about the importance of hygiene in preventing the transmission of communicable diseases. (APHA)
- Conduct staff educational programs related to pandemic influenza to ensure that employees are informed about:
  - How to prevent transmission of the flu, how to recognize signs and symptoms; and
  - How to recognize the signs and symptoms of severe stress that warrant immediate intervention.

### **Personnel**

Pandemic flu could affect the workforce for several weeks. Policy considerations include:

- Absenteeism policies for pandemic-related situations such as ill family member(s), lack of child care, or lack of transportation services.
- Alternative work opportunities such as flex-space (working remotely from home or other facility via computer and telephone), and/or flex-time (allowing workers to come into the schools outside regular hours).
- Cross-training personnel to perform necessary functions in the event of high absentee rates.
- Lesson plans that can be adapted to alternative modes and venues (e.g., online classes, radio and television programming, etc.) in the event of high student absenteeism rates or school closures.
- Employee compensation and sick leave that provide adequate financial security and thereby promote voluntary quarantine and isolation of persons who are ill or who are needed to care for an ill family member. (APHA)

### **Students and Families**

- Encourage school families to plan for emergencies, including a pandemic influenza emergency. Invite parents to participate in educational forums.
- Collaborate with the community mental health center to disseminate information about pandemic influenza that guides readers to pro-active preparation and prevention measures versus fear and paralysis. Emphasize hope, resilience and natural recovery while informing families about how to deal with heightened stress and/or distress.

- Prepare communication plans for informing personnel, parents, and students about public health advisories and pandemic response in the event of school closure (e.g., alternative learning modalities).
- Develop plans for “virtual contact” with students and families who are voluntarily or involuntarily isolated or quarantined so that some sense of normalcy and community can be maintained.

### **Closing Schools**

- School authorities must stay in contact with local public health officials and the Montana Office of Public Instruction as the Pandemic Severity Index increases. Any school closure decisions dramatically affect the entire community and **must** be guided by the epidemiology of the community or region. The governor will undoubtedly be involved in any decisions to close local, regional, or statewide schools.
- In concert with the Montana Office of Public Instruction, determine how to make up lost school days due to school closure.
- In concert with the broader community, plan for the use of school facilities to serve the community in the event of school closures (such as providing space and services for overflow of hospital surge capacity, providing an outlet for medical supplies, etc.). Identify staff that could be utilized for such services. This planning process can be facilitated through the Local Emergency Planning Committee or the Tribal Emergency Response Commission.
- Identify and enlist staff members, board members or parents who can positively model and influence calm and orderly transitions that may be necessary, such as school closures.
- Collaborate with federal, state and local public health partners to prepare for community responses to health care surges, food and supply shortages, and economic difficulties.
- In concert with other community partners, prepare simple and flexible incident action plans that use the National Incident Management System (NIMS) to extend incident response in terms of time, space and resources. Effective use of the Incident Command System could facilitate the timely closing and reopening of specific schools and child care centers.

### **Reopening Schools**

- In concert with local/tribal and state public health departments, develop protocols for reopening schools. Assure that the authority who initiated school closure (the local health officer or the governor) is involved in the decision to reopen schools.
- Stay in close communication with the Montana Office of Public Instruction to determine the long-term effects on student academic progress, funding issues, and making up lost school days.
- Develop administrative and staff procedures for opening schools and accounting for all students.



# Section IV:

## References

*World Health Organization (WHO), is coordinating the global response to human cases of H5N1 avian influenza and monitoring the corresponding threat of an influenza pandemic.*

## Section IV: References

### Section I: Overview

*10 Steps Your Business Can Take*, Trust for America's Health.

<http://healthyamericans.org/reports/flu/brochures/FluBrochure.pdf>

Centers for Disease Control and Prevention (CDC), is part of the U.S. Department of Health and Human Services and a major source of information on pandemic flu and preparedness measures.

<http://www.cdc.gov/flu/pandemic/impactestimate.htm>

*Community Strategy for Pandemic Influenza Mitigation*, [www.PandemicFlu.gov](http://www.PandemicFlu.gov)

Dr. Sherry Cooper, *Don't Fear Fear*, BMO Nesbitt Burns 2005.

[http://www.bmonesbittburns.com/economics/reports/20051011/dont\\_fear\\_fear.pdf](http://www.bmonesbittburns.com/economics/reports/20051011/dont_fear_fear.pdf)

Healthline, <http://www.healthline.com/>

MedicineNet.com, <http://www.medterms.com/script/main/art.asp?articlekey=8149>

*Modeling Community Containment for Pandemic Influenza*, A Letter Report, Washington, D.C., The National Academies Press, 2006.

Montana Department of Public Health and Human Services Web site offers updated information on seasonal as well as pandemic flu and preparatory measures.

<http://www.dphhs.mt.gov/pandemic/resourcesforcommunitygroups.shtml>

Montana Office of Public Instruction (OPI), Montana Public School Enrollment Data, Fall 2006-07, October 2, 2006 and Montana Full-time Equivalent (FTE) teachers by school year assignment and school grade level, 2005-06, [www.opi.mt.gov](http://www.opi.mt.gov)

U.S. National Archives and Records Administration, pandemics during the 20<sup>th</sup> century.

<http://www.archives.gov/exhibits/influenza-epidemic/>

WHO Writing Group. Nonpharmaceutical interventions for pandemic influenza, international measures. *Emerg Infect Dis* [serial on the Internet]. 2006 Jan. <http://www.cdc.gov/ncidod/EID/vol12no01/05-1370.htm>

World Health Organization (WHO), is coordinating the global response to human cases of H5N1 avian influenza and monitoring the corresponding threat of an influenza pandemic. View the latest updates at:

[http://www.who.int/csr/disease/avian\\_influenza/en/index.html](http://www.who.int/csr/disease/avian_influenza/en/index.html)

### Section II: Preparing the School Community

Appendix 6 - Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools, February, 2007. <http://www.pandemicflu.gov/plan/community/commitigation.html#app6>

The *Pandemic Flu Planning Checklist for K-12 School Districts* (Appendix D) describes approaches to school planning for a pandemic. The most updated version can be found at [www.pandemicflu.gov/plan/school/index.html](http://www.pandemicflu.gov/plan/school/index.html) and [www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html](http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html).

The U.S. Department of Education has gathered information on state and local pandemic planning efforts to help others begin or refine their pandemic influenza plans.

<http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/sampleplans/index.html>

### **Section III: School Policies / Procedures Related to a Pandemic**

The American Public Health Association (APHA) has formed several policy recommendations related to pandemic flu. The full text of the APHA's Prescription for Pandemic Flu, with all recommendations is available at: <http://www.apha.org/advocacy/policy/APHA+Prescription+for+Pandemic+Flu.htm>

<http://www.cdc.gov/flu/school/>

Montana Department of Public Health & Human Services (DPHHS), Pandemic Influenza Preparedness & Response Plan, Version 3.1, May 17, 2006.



# Appendices:

## School Preparation Guide

*The basic prevention efforts of hand washing, cough etiquette, and disinfecting surface areas are considered crucial components in the containment of any communicable disease.*

## **Appendix A: Personal/Environmental Hygiene**

The basic prevention efforts of hand washing, cough etiquette, and disinfecting surface areas are considered crucial components in the containment of any communicable disease. The messages are fairly simple, as listed below.

### ***1. Clean your hands thoroughly and often.***

- Use soap and water or alcohol wipes to kill the germs
- Scrub hands and wrists for at least 20 seconds at a time—long enough to sing the “Happy Birthday” song twice
- Wash your hands:
  - Every time you sneeze or cough
  - Before you touch your eyes, mouth or nose
  - Before you eat
  - Before and after food preparation
  - Before and after helping a sick person
  - After using the bathroom
  - After changing diapers
  - After touching animals
  - After cleaning the bathroom or handling trash

### ***2. Cover your mouth and nose when you cough or sneeze***

- Use a tissue and throw it away immediately
- If you do not have a tissue, cough/sneeze into the crook of your elbow

### ***3. Clean and disinfect***

- Disinfect countertops, sinks, doorknobs, tables and telephones on a regular basis
- Never share personal items such as toothbrushes, drinking cups, silverware or cosmetics.

For posters and other materials, go to [\*\*http://www.cdc.gov/germstopper/materials.htm\*\*](http://www.cdc.gov/germstopper/materials.htm)

These posters can be downloaded from the site, then printed and distributed to staff, parents, and students as well as posted in lavatories, halls, classrooms, and dining areas to remind people to use proper hygiene.

## Appendix B: County/Tribal Public Health Officials

### Lead Local Public Health Officials by County

#### BEAVERHEAD COUNTY PUBLIC HEALTH

90 HIGHWAY 91 S, DILLON MT 59725  
SUE HANSEN, (406) 683-4771, [shansen@barretthospital.org](mailto:shansen@barretthospital.org)

#### BIG HORN COUNTY HEALTH DEPARTMENT

809 N CUSTER AVE, HARDIN MT 59034  
WILLIAM L. HODGES, (406) 665-8723, [bhodes@co.bighorn.mt.us](mailto:bhodes@co.bighorn.mt.us)

#### BLAINE COUNTY HEALTH SERVICES

PO BOX 516, CHINOOK, MT 59523  
FRANCES HODGSON, (406) 357-2345, [fhodgson@co.blaine.mt.us](mailto:fhodgson@co.blaine.mt.us)

#### BROADWATER COUNTY HEALTH

124 N CEDAR ST TOWNSEND MT 59644  
LINDA CAMPBELL, (406) 266-5209, [licampbell@mt.gov](mailto:licampbell@mt.gov)

#### BUTTE-SILVER BOW CITY/COUNTY HEALTH DEPARTMENT

25 WEST FRONT STREET, BUTTE MT 59701  
DAN DENNEHY, (406) 497-5005, [ddennehy@bsb.mt.gov](mailto:ddennehy@bsb.mt.gov)

#### CARBON COUNTY HEALTH DEPARTMENT

PO BOX 109, JOLIET MT 59041  
SHARYL MCDOWELL, (406) 962-9166, [publichealth@cablemt.net](mailto:publichealth@cablemt.net)

#### CARTER COUNTY HEALTH DEPARTMENT

PO BOX 46, EKALAKA MT 59324  
DALE DIEDE, (406) 775-8738, [dahlpa@midrivers.com](mailto:dahlpa@midrivers.com)

#### CASCADE CITY-COUNTY HEALTH DEPARTMENT

115 4TH STREET SO, GREAT FALLS, MT 59401  
CHERRY LONEY, (406) 454-6950, [cloney@co.cascade.mt.us](mailto:cloney@co.cascade.mt.us)

#### CHOUTEAU COUNTY HEALTH DEPARTMENT

PO BOX 459, FORT BENTON MT 59442  
ANGEL JOHNSON, (406) 622-3771, [ajohnson@mt.gov](mailto:ajohnson@mt.gov)

#### CUSTER COUNTY HEALTH DEPARTMENT

1010 MAIN ST, MILES CITY MT 59301  
WENDY RICHARDS, (406) 874-3377, [w.richards@co.custer.mt.us](mailto:w.richards@co.custer.mt.us)

#### DANIELS COUNTY PUBLIC HEALTH

PO BOX 247, SCOBAY MT 59263  
MARY NYHUS, (406) 783-5366, [danielsph@nemontel.net](mailto:danielsph@nemontel.net)

#### DAWSON COUNTY HEALTH DEPARTMENT

207 W BELL ST, GLENDIVE MT 59330

JEANNE SEIFERT, (406) 377-5213, [seifertj@dawsoncountymail.com](mailto:seifertj@dawsoncountymail.com)

**DEER LODGE COUNTY HEALTH DEPARTMENT**

PO BOX 970, ANACONDA MT 59711

LINDA BEST, (406) 563-7863, [adlcph@rfwave.net](mailto:adlcph@rfwave.net)

**FALLON COUNTY HEALTH DEPARTMENT**

PO BOX 820, BAKER MT 59313

MISTI BREITBACH, (406) 778-2824, [fchd@midrivers.com](mailto:fchd@midrivers.com)

**FERGUS COUNTY/CENTRAL MONTANA DISTRICT ENVIRONMENTAL HEALTH**

507 WEST MAIN, LEWISTOWN MT 59457

MICHELLE FOY (406) 535-7466, [cmhealth@co.fergus.mt.us](mailto:cmhealth@co.fergus.mt.us)

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## **Appendix C: Planning Guide for Elementary and Secondary Schools**

The following material is from the CDC Web site, [PandemicFlu.gov](http://www.pandemicflu.gov)

The document is listed as Appendix 6 - Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools, February, 2007. To view the report in its entirety, go to

<http://www.pandemicflu.gov/plan/community/commitigation.html#app6>

### **Purpose**

This Interim Planning Guide for Elementary and Secondary Schools is provided as a supplement to the *Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Non-pharmaceutical Interventions*. The guide is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and other organizations will be asked to take certain steps (described below) to help limit the spread of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning process, federal, state, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning process and resolution of issues.

Schools will be essential partners in protecting the public's health and safety when an influenza pandemic occurs. This *Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools* provides guidance to educational institutions, describing how they might prepare for and respond to an influenza pandemic. When an influenza pandemic starts, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home. Community mitigation recommendations will be based on the severity of the pandemic and *may* include the following:

- Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).
- Asking members of households with a person who is ill to voluntarily remain at home for about seven days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).

- Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of child care programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community to include reductions of out-of-school social contacts and community mixing. Child care programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family child care homes that provide care for seven or more children in the home of the provider and small family child care homes that provide care to six or fewer children in the home of the provider.<sup>1</sup>
- Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services; ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.

Recommendations for dismissing students from classes will depend upon the severity of the pandemic. The current three-tiered planning approach includes: 1) no dismissals in a Category 1 pandemic; 2) short-term (up to four weeks) dismissal of students during a Category 2 or Category 3 pandemic; and 3) prolonged (up to 12 weeks) dismissal of students from schools during a severe influenza pandemic (Category 4 or Category 5 pandemic).

In the most severe pandemic, the duration of these public health measures would likely be for 12 weeks, which would have educational implications for students. Planning now for a prolonged period of student dismissal may assist schools to be prepared as much as possible to provide opportunities for continued instruction and other assistance to students and staff. Federal, state, local, tribal, and territorial laws, regulations, and policies regarding student dismissal from schools, school closures, funding mechanisms, and educational requirements should be taken into account in pandemic planning. If students are dismissed from school but schools remain open, school- and education-related assets, including school buildings, school kitchens, school buses, and staff, may continue to remain operational and potentially be of value to the community in many other ways. In addition, faculty and staff may be able to continue to provide lessons and other services to students by television, radio, mail, Internet, telephone, or other media. Continued instruction is not only important for maintaining learning but also serves as a strategy to engage students in a constructive activity during the time that they are being asked to remain at home.

Planning now for a severe pandemic will ensure that schools are prepared to implement the community interventions that may be recommended. Be prepared to activate the school district's crisis management plan for pandemic influenza that links the district's incident command system with the local and/or state health department/emergency management system's incident command system(s).

The *Pandemic Flu Planning Checklist for K-12 School Districts* (**Appendix D**) describes approaches to school planning for a pandemic. The most updated version can be found at [www.pandemicflu.gov/plan/school/index.html](http://www.pandemicflu.gov/plan/school/index.html) and [www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html](http://www.ed.gov/admins/lead/safety/emergencyplan/pandemic/planning-guide/index.html). Recommendations for implementation of pandemic mitigation strategies are available at [www.pandemicflu.gov](http://www.pandemicflu.gov) and reliable, accurate, and timely information on the status and severity of a pandemic will also be posted on the Web site. Additional information is available from the Centers for Disease Control and Prevention (CDC) Hotline: 1-800-CDC-INFO (1-800-232-4636). The line is available in English and Spanish, 24 hours a day, seven days a week. TTY: 1-888-232-6348. Questions can be e-mailed to [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov).

## **Recommendations for Planning**

### **1. Plan for ill individuals to remain at home.**

- Develop a plan for faculty and staff absences due to personal illness. Plan for alternative staffing:
  - Identify critical job functions and plan for alternate coverage of those functions during a pandemic.
  - Review and analyze federal and state employment laws that identify employer obligations and options for personnel.
- Establish and clearly communicate policies on sick leave and employee compensation.
- Encourage ill persons to stay home during a pandemic and establish return-to-work policies after illness.
- Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
- Develop policies on observation for illness and what to do when a student or staff member becomes ill at the workplace.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on **[www.pandemicflu.gov](http://www.pandemicflu.gov)**.

## **2. Plan for all household members - of a person who is ill - to voluntarily remain at home.**

- Develop a plan for faculty and staff absences related to family member illness. Plan for alternate staffing:
  - Identify critical job functions and plan now for coverage of those functions.
  - Establish policies for alternate or flexible work site (e.g., videoconferencing and teleworking) and flexible work hours.
  - Review federal and state employment laws that identify your employer obligations and options for employees.
- Establish and clearly communicate policies on family leave and employee compensation.
- Establish policies for sick-leave absences unique to a pandemic (e.g., liberal/unscheduled leave).
- Establish policies for employees who have to stay home because someone in their household is ill with pandemic influenza.
- Be familiar with federal and state laws regarding leave of workers who need to care for an ill family member or voluntarily remain at home.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on **[www.pandemicflu.gov](http://www.pandemicflu.gov)**.

## **3. Plan for dismissal of students and child care closure for employees.**

- Develop a plan for school operations during all levels of pandemic severity. Even if students are dismissed, schools may remain operational.
- Identify and plan for employees and staff who may have to stay home if schools and child care programs dismiss students/children during a pandemic.
- Plan for alternate staffing based on your assessment.
  - Identify critical job functions and plan now for coverage of those functions in case of prolonged absenteeism during a pandemic.
  - Establish policies for employees to possibly work flexible work hours and schedules (e.g., staggered shifts) to accommodate their child care needs.

- Encourage your employees who have children to make their own plans to care for children if officials recommend dismissal of students from schools and closure of child care programs. Advise that employees plan for an extended period (up to 12 weeks) in case the pandemic is severe. Instruct employees not to bring their children to the workplace if child care cannot be arranged.
- In a severe pandemic, parents would be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, families may be able to develop support systems with co-workers, friends, families, or neighbors if they continue to need child care. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that child care group size of less than six children may be associated with fewer respiratory infections).<sup>2</sup>
- Determine if schools must, may, or cannot compensate, continue benefits, and extend leave to employees who are not working during the pandemic. Inform employees of the decision.
- Work with your state legislature if modifications to state laws are needed for flexibilities regarding, for example, requirements for the number of instruction days, amount of instruction time, and length of the school day.
- Work with state and local governments and faith-based and community-based organizations to provide any needed assistance to staff who cannot report to work for a prolonged period.

#### **4. Plan for dismissal of students.**

- Develop a plan for continuity of instruction.
- Inform teachers, students and parents how alternate learning opportunities will be provided:
  - This may include assignments by radio, television, regular mail, e-mail, telephone, and teleconferencing or through the media; and
  - Consider potential restructuring of the school calendar.
- Provide school nurses, counselors, school psychologists, special-needs teachers, and social workers guidance on maintaining needed health, counseling, and social services for students with physical and mental/emotional health care needs.
- Identify and inform parents on how students who need free meals may qualify for other types of nutrition assistance in the community.
- Provide systematic emergency communications to school staff and families during the pandemic, using a telephone calling tree, an e-mail alert, call-in voice recording, or regular mail to communicate.

#### **5. Plan for workplace and community social distancing measures**

- Become familiar with social distancing actions that may be used during a pandemic to modify frequency and type of person-to-person contact (e.g., reducing hand-shaking, limiting face-to-face meetings, promoting teleworking, liberal/unscheduled leave policies and staggered shifts).
- Plan to operate the workplace using social distancing and other measures to minimize close contact between employees.
- Review and implement guidance from the Occupational Safety and Health Administration (OSHA) on appropriate work practices and precautions to protect employees from occupational exposure to influenza virus during a pandemic. Risks of occupational exposure to influenza virus depends in part on whether jobs require close proximity to people who may be infectious with the pandemic influenza virus or whether employees are required to have either repeated or

extended contact with the general public. OSHA will post and periodically update such guidance on [www.pandemicflu.gov](http://www.pandemicflu.gov).

- Encourage good hygiene at the workplace. Provide students, faculty, and staff with information about the importance of hand hygiene (information can be found at [www.cdc.gov/cleanhands/](http://www.cdc.gov/cleanhands/)) as well as convenient access to soap and water and alcohol-based hand gel in your facility. Educate employees and students about covering their cough to prevent the spread of germs (see [www.cdc.gov/flu/protect/covercough.htm](http://www.cdc.gov/flu/protect/covercough.htm)).
- Promote social distancing of children and teens outside the school setting by advising they reduce their social interaction and contacts to the greatest extent possible. This may include cancelling after-school and extracurricular group activities.

## **6. Communicate with faculty, staff, students and parents/families**

- Make sure your school's pandemic plan is explained and understood by faculty, staff, and parents in advance of a pandemic, including expected roles/actions for employees and others during implementation.
- Provide information to school staff and parents/families on what they can do to prepare themselves and their families for the pandemic. Resources are available at [www.pandemicflu.gov/plan/individual/checklist.html](http://www.pandemicflu.gov/plan/individual/checklist.html) and [www.ready.gov/america/index.html](http://www.ready.gov/america/index.html).
  - Be prepared to provide parents/families with information discussing student dismissal from school and the importance of keeping students from congregating with other students in out-of-school settings.
- Provide staff with information on the school district's plan for
  - Assuring that essential central office functions, including payroll, and communications with staff, students and families will continue.
  - Adapting school facilities to supplement health care delivery if needed by local public health officials.
  - Encouraging school nurses, counselors, school psychologists, and social workers to establish supportive, long-distance relationships with particularly vulnerable students via the telephone, e-mail, or regular mail.
- Coordinate strategies with other districts in your region.

## **7. Help your community**

- Coordinate your pandemic plans and actions with local health and community planning.
- Find volunteers in your school who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical or other help they will need.
- Think of ways your school can help others in your community plan for a pandemic.
- Participate in community-wide exercises to enhance pandemic preparedness.

## **8. Recovery**

- Establish the criteria and procedure with state and local planning teams for resuming school activities.
- Develop communication for advising employees, students, and families of the resumption of school programs and activities.
- Develop the procedures, activities, and services needed to restore the learning environment.

## References

- 1 American Academy of Pediatrics. Children in Out-of-Home Child Care: Classification of Care Service. In: Pickering LK, ed. Red Book: 2003 Report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003:124.
- 2 Bradley RH. Child care and common communicable illnesses in children aged 37 to 54 months. Arch Pediatr Adolesc Med. 2003 Feb;157(2):196-200.

The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist local educational agencies (LEAs) in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education **(Practical Information on Crisis Planning: A Guide For Schools and Communities (PDF))**. Further information on pandemic influenza can be found at **[www.pandemicflu.gov](http://www.pandemicflu.gov)**.

## Appendix D: School District (K-12) Planning Checklist

The following material is from the CDC Web site, [PandemicFlu.gov](http://PandemicFlu.gov)

The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist local educational agencies (LEAs) in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (**Practical Information on Crisis Planning: A Guide For Schools and Communities (PDF)**). Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

### 1. Planning and Coordination

Planning and Coordination of Tasks	Not Started	In Progress	Completed
Contact the Lead Local Public Health Official in your health jurisdiction (county, city-county, tribal, or regional health department) and schedule a time to discuss planning and coordination.			
Request the Lead Local Public Health Official to identify by name the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, health care services, emergency care and mutual aid.			
As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.			

### 1. Planning and Coordination, Continued

Planning and Coordination of Tasks	Not Started	In Progress	Completed
Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS.			
Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.			
Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.			
Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.			
Contribute to the local health department's operational plan for surge capacity of health care and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing lead educational agencies' health care and mental health staff). In an affected community, at least two pandemic disease waves (about six-eight weeks each) are likely over several months.			

Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low-income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.

## 1. Planning and Coordination, Continued

Planning and Coordination of Tasks	Not Started	In Progress	Completed
Participate in exercises of the community's pandemic plan.			
Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.			
In concert with the local health department, develop a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.			
Implement an exercise/drill to test your pandemic plan and revise it periodically.			
Share what you have learned from developing your preparedness and response plan with other local educational agencies as well as private schools within the community to improve community response efforts.			

## 2. Continuity of Student Learning and Core Operations

Continuity of Student Learning and Core Operation Tasks	Not Started	In Progress	Completed
Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.			

Develop alternative procedures to assure continuity of instruction (e.g., Web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.			
Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.			

### 3. Infection Control Policies and Procedures

Infection Control Policies and Procedures Tasks	Not Started	In Progress	Completed
Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g., promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.			
Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal).			
Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).			
Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.			

Establish policies for transporting ill students.			
Assure that the local education agency's pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a> ).			

#### 4. Communication Planning

Communication Planning Tasks	Not Started	In Progress	Completed
Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing and updating of communication plans.			
Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.			

#### 4. Communication Planning, Continued

Communication Planning Tasks	Not Started	In Progress	Completed
Ensure language, culture and reading level appropriateness in communication by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.			
Develop and test platforms (e.g., hotlines, telephone trees, dedicated Web sites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students and families.			

Develop and maintain up-to-date communication contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.			
Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.			
Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.			
Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).			
Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).			
Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.			

## Appendix E: Planning Checklist for Individuals and Families

The Trust for America's Health has developed a comprehensive consumer-friendly brochure entitled *It's Not Flu As Usual*. Variations of the brochure are available for four specific audiences. The brochure for individuals and families addresses: facts about pandemic flu; challenges that you and your family may face if severe pandemic disrupts your normal work, school, and social routines; and a comprehensive preparation checklist. To view or download the brochure, go to: <http://healthyamericans.org/reports/flu/brochures/>.

The following checklist was prepared by the Centers for Disease Control and Prevention (CDC) and can be found at <http://www.pandemicflu.gov/plan/pdf/individuals.pdf>.

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

### 1. How to plan for a pandemic

- ☐ Store a two-week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
  - ☐ Periodically check your regular prescription drugs to ensure a continuous supply in your home.
  - ☐ Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes and vitamins.
  - ☐ Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
  - ☐ Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

### 2. How to limit the spread of germs and prevent infection

Teach your children to wash their hands frequently with soap and water, and model the current behavior.

Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.

Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

### ***3. Items to have on hand for an extend***

#### **Examples of food and nonperishables**

- Protein or fruit bars
- Dry cereal or granola
- Peanut butter or nuts
- Dried fruit
- Crackers
- Canned juices
- Bottled water
- Canned or jarred baby food and formula
- Pet food
- Other nonperishable foods

#### **Examples of medical, health and emergency supplies**

- Prescribed medical supplies such as glucose and blood-pressure monitoring equipment
- Soap and water, or alcohol-based (60-95 percent) hand wash
- Medicines for fever, such as acetaminophen or ibuprofen
- Thermometer
- Anti-diarrheal medication
- Vitamins
- Fluids with electrolytes
- Cleansing agent/soap
- Flashlight
- Batteries
- Portable radio
- Manual can opener
- Garbage bags
- Tissues, toilet paper, disposable diapers



# Pandemic Flu:

## School Preparation Guide

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